

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000063106

FILED
Sep 08, 2009
Secretary of State**Entity Name:** PRECISION COMMERCIAL CONTRACTING LLC**Current Principal Place of Business:**4100 LEGENDARY DR.
SUITE A-240
DESTIN, FL 32541**New Principal Place of Business:**4100 LEGENDARY DR.
SUITE 240
DESTIN, FL 32541**Current Mailing Address:**4100 LEGENDARY DR.
SUITE A-240
DESTIN, FL 32541**New Mailing Address:**4100 LEGENDARY DR.
SUITE 240
DESTIN, FL 32541**FEI Number:** 03-0592556**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROWN, CHAD T
4100 LEGENDARY DR.
SUITE A-240
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**BROWN, CHAD T
4100 LEGENDARY DR.
SUITE 240
DESTIN, FL 32541 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

09/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: BROWN, CHAD T
Address: 4100 LEGENDARY DR. SUITE A-240
City-St-Zip: DESTIN, FL 32541Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: BROWN, CHAD T
Address: 4100 LEGENDARY DR. SUITE 240
City-St-Zip: DESTIN, FL 32541Title: MGRM () Change (X) Addition
Name: BROWN, MICHELE
Address: 4100 LEGENDARY DR. SUITE 240
City-St-Zip: DESTIN,, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHAD BROWN

MGRM

09/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date